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ABSTRACT

This paper attempts to discuss several unresolved issues currently of concern in the utilization and training of paraprofessionals. It examines, briefly, three well-known training programs, and elaborates on a fourth, focusing on the objectives and processes of the training. While there is considerable overlap among the programs, especially in their goals, their training procedures differ substantially. Although they approach the technology of training from different perspectives, all seem to have certain characteristics which mediate for successful outcomes, namely, clear training goals and procedures and some form of preparation for the trainer. The authors offer suggestions on how consumers can select the training program best fitted to their needs. (Author/PC)

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THE CURRENT STATUS OF TRAINING FOR PARAPROFESSIONALS

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The use of paraprofessionals has accelerated rapidly during the last decade. With this increase, considerable attention has been directed toward the problems associated with the utilization of paraprofessionals; what to call them, how much independence to give them, what they should do, and how to sooth relations between them and the professional community. Significantly less emphasis has been directed toward the issues of training.

The purpose of this paper is twofold. The first goal is to discuss several unresolved issues currently of concern in the utilization of paraprofessionals and how these issues have affected their training. In the course of the discussion four well known training programs will be briefly examined. The second goal is to elaborate on the implementation of one of these programs, focusing specifically on the objectives and processes of the training.

Who Are Paraprofessionals and What Do They Do

Some of the problems associated with the utilization of paraprofessionals may result from confusion about who they are and what they do. Traditionally, the term "paraprofessional" has been used to denote differences in status based on pay, education, past training experiences, or degree. These differences may be misleading (Danish, 1971; 1973). For example, the training program developed by Rioch and her associates (1965) to train mature women as mental health counselors involved an intensive two-year training program which would compare favorably with many graduate programs, especially in terms of the applied experience involved. Also, Carkhuff (1971) reports that his indigenous paraprofessionals received 1,000 hours of training in a six month period, half of which was human relations training. Therefore, some human service workers have a significant amount of applied training even

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if they do not receive formal degrees. Obviously however, not all paraprofessionals receive that much training. For example, several of the chapters in the book by Guerney (1969) report the use of paraprofessionals who have had little or no formal training. Thus, what constitutes the difference between a professional and paraprofessional in terms of training is difficult to determine.

More confusing than determining what paraprofessionals are, is determining what they do (see section on Settings; Guerney, 1969). While one may be tempted to answer "to help", the question is more difficult to answer than it appears. Help may be viewed as: strictly the development of a facilitating relationship (Rogers, 1957), the application of behavior modification strategies (Ullman & Krasner, 1965) or teaching clients procedures and strategies to overcome their own difficulties (Guerney, Stollak & Guerney, 1971). In addition to the confusion about what constitutes help, the role of paraprofessional ranges from that of a primary service agent such as Rioch's mental health counselors (Magoon, Golann & Freeman, 1969), to service as an adjunct to a "professional" counselor (Hauer, 1973). Thus a definition of "paraprofessional" in terms of the specific service performed or skills required is equally as difficult to determine.

Despite the variability in roles, training experiences and functions, it is our contention that training programs must first teach a basic set of skills, relationship building skills, which have applicability across the broad range of paraprofessional roles. Three programs which have been designed to teach these basic set of skills are the programs of Carkhuff (1969), Kagan (1972) and Ivey (1971).

Carkhuff (1969), basing his work on the original efforts of Rogers

(1951) and expanding upon his work with Truax (Truax and Carkhuff, 1967), identified a series of verbal qualities he deemed essential for establishing helping relationships. These qualities are derived from the "necessary and sufficient conditions" of empathy, unconditioned positive regard, and genuineness posited by Rogers (1957). Carkhuff's paraprofessional training program described in Helping and Human Relations (1969), is built around a process of teaching the trainees to make these specific levels of facilitative qualities. Ivey (1971) defined his verbal behaviors in terms of specific response categories and added the dimension of nonverbal attending behavior to the list of essential skills. In addition, he proposed a specific training model, microcounseling, as a means of implementing the skills. This model utilizes extensive videotape modeling and feedback to the trainee. Kagan (1972) focused his efforts on a different approach to the training of helping relationship skills. Using a videotape feedback model previously developed to assist clients' understanding of themselves (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes, & Bondy, 1967) Kagan expanded and modified the Interpersonal Process Recall procedure to train paraprofessionals. His model focuses less on teaching discrete skills than on assisting the trainee to understand the interaction between a helper and helpee by recognizing the impact each has on the other.

A fourth program designed to teach basic skills is the Danish and Hauer program (1973), Helping Skills: A Basic Training Program. This program can be viewed as a model for the design and implementation of teaching basic helping skills and will be considered in some detail.

A Training Program for Paraprofessionals

An examination of a training program entails evaluating two elements of the program: the content of the program (what is taught) and the manner in which the content is taught.

Danish & Hauer (1973) identify six specific skills which they contend are among the essential relationship building skills. They are:

Stage I. Understanding Your Needs To Be A Helper

Stage II. Using Effective Nonverbal Behavior

Stage III. Using Effective Verbal Behavior

Stage IV. Using Effective Self Involving Behavior

Stage V. Understanding Others' Communication

Stage VI. Establishing Effective Helping Relationships

All six skills include three components involved in being a helper: (1) an understanding of oneself; (2) some knowledge of helping skills; and (3) experience in applying these skills. The first skill represents an attempt to have the trainee examine the basis for his decision to help and the needs being satisfied by helping. This is generally an area that has been ignored by users of paraprofessionals. Helpers are people first and training only in response modes overlooks the effect the person, who is the helper, has on the helping process. The second skill emphasizes the role that nonverbal behavior plays in the helping process. Nonverbal behavior includes face and head movements, hand and arm movements, body movements and orientation, and verbal quality. The third and fourth skills involve training in verbal response modes. The response modes include not only the learning of what is generally called "empathy" but the learning of more leading responses such as questioning, advice giving and influencing responses. Finally, self involving

(confrontation) responses are taught. The learning of these verbal response models is viewed as a different process than that of "understanding" the feelings and communication of another (Stage V). The authors posit that difficult skills such as responding to the feelings of others, commonly referred to as empathy, need to be broken down into manageable learning components. Thus, the trainee is taught the structure of the various responses in Stages III and IV with their accuracy or appropriateness deemphasized. In Stage V he/she is taught to be sensitive to the behavior of others. Finally in Stage VI he/she is taught the process of integrating the components to make structurally sound responses in an accurate and appropriate manner.

The second means of examining the programs is to consider the processes used to teach the content. One characteristic of the four training programs is that there is a distinctive process used to teach content, one which is based on a theoretical rationale rather than the whim of a trainer. All four generally employ the integrated didactic-experiential format proposed by Truax and Carkhuff (1967). Kagan (1972) and Ivey (1971) rely extensively on the use of videotaping as a means of feedback. Danish & Hauer (1973) have labelled their program "skill learning" and have tried to develop a procedure consonant with the learning of skills, such as ball skills (Whiting, 1969), and general instructional principles (Gage, 1963; Gagne, 1970). These principles include: (1) identifying explicit behavioral objectives; (2) practice or application of skills to be learned; (3) self learning by group discussions; (4) rationale for learning (understanding of importance of certain skills); (5) sequential presentation (learning concept A before concept B); (6) active trainee participation; (7) the use of modeling; and

(8) the use of immediate feedback concerning the appropriateness of trainee responses.

These instructional principles seem especially appropriate for teaching skills. Having knowledge about the skills is not enough. Effective learning involves: acquiring a conceptual understanding of the components of the skill (knowledge); viewing others demonstrate the various aspects of the skill (modeling); and an opportunity to use the skill (practice). It is this combination of behaviorally defined constructs taught in a manner adapted for skill learning that makes up the Program.

More specifically the process of skill training is:

(1) The skill is defined in behavioral terms

(2) The rationale for the skill is discussed

(3) A skill attainment level is specified

(4) Models are used to demonstrate both effective and ineffective examples of the skill.

(5) Opportunities for extensive supervised practice of the skill are given.

(6) Homework is assigned to assist in the generalization process.

(7) An evaluation using behavioral checklists and peer and trainer feedback is conducted to determine whether the attainment level has been achieved.

While program descriptions may seem reasonable on paper, trainers often experience difficulties implementing programs designed by others. Thus, the delivery system for training programs becomes a necessary consideration.

Delivery Systems for Training

Knowing the skills to be trained is not the same as teaching them to others. Additional skill is needed to present the training materials in such a way that the trainees can accept the material's relevance and learn it efficiently and effectively. It is our experience that well thoughtout and designed training programs have failed not only because the trainer has lacked the skills to be taught and is thus an ineffective model, but because he/she lacks the skill to implement the program. When the program is conducted and not successful, the trainer questions "whether the program really works". Perhaps the fault rests in the inability of the developer to "trainer-proof" the program.

The developers of the above programs have all initiated procedures to "trainer-proof" their programs. For example, Danish & Hauer (1973) have developed a Leader's Manual to accompany the Trainee's Workbook. The manual contains sections on the logistics of training (who can profit by the training, how many trainees can be trained, where and when training should occur, the necessary equipment, and the schedule for the training), leadership considerations (the assumptions under which the program is conducted and the skills required for training) and some suggestions for introducing the program. Also, the procedures to be followed and the possible difficulties encountered in implementing the procedures are detailed. Kagan and Ivey have developed written materials to assist the trainer in conducting their programs and Carkhuff and his associates offer consultation and training services through his consulting firm.[3]

The attempt to "trainer-proof" these programs is essential. A program that can be implemented effectively only when delivered by the developer

is really indicative only of the developer's charisma and his/her personal skill and not the value of the program. The need of community systems to have broad based services provided inexpensively and efficiently requires an explicit statement of the procedures a community based trainer must follow to successfully implement the program. By specifying the needed qualifications and the trainer's exact role, the implementation of the program should be significantly enhanced.

Toward A Consumer's Guide for Training

In this paper we have tried to explore the current status of the training of paraprofessionals and especially the technology of this training. We have chosen four systematic training programs to examine. While there is considerable overlap among the programs, especially in their goals, their training procedures are clearly different. Although they approach the technology of training from different perspectives all seem to have certain characteristics which mediate for successful outcomes; namely, clear training goals and procedures and some form of preparation for the trainer. Given these similarities and differences, how does a consumer choose the program which best fits his/her needs?

As scientists-professionals one could decide to select the most effective program based on research evidence. Each program has a body of research being built to support its effectiveness. Unfortunately, no attempt has been made to empirically compare the training programs although D'Augelli (1973) has suggested a model that would facilitate research comparisons. Therefore, the consumer may have to examine other factors to make a decision about the "goodness of fit" between his/her needs and the program's goals and processes. For example, are the program's and the consumer's objectives compatible? Is the length, cost, and number of

people to be trained in the program commensurate with the resources and demands of the consumer? Does the consumer have the necessary equipment to implement the program? Does he/she have a trainer skilled enough to deliver the program? Finally, is the program sufficiently flexible so that the consumer can vary the format to meet his/her needs without losing the program's impact?

The issue of which training program to choose is a complex problem for a consumer. Answers do not come easily. What does stand out is that if paraprofessionals are to function effectively they will need to be trained and this training should be of a systematic and well planned nature regardless of whether it is one of the "packaged" programs presented in the paper or a program designed and implemented by the consumer him/herself.

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Footnotes

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